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**CASE OF LIGATURE OF THE CAROTID ARTERY, FOLLOWED BY
SECONDARY HEMORRHAGE AND RECOVERY.**

By Geo. Hayward, M.D., One of the Surgeons to the Massachusetts General Hospital.

[Communicated for the Boston Medical and Surgical Journal.]

An Irish laborer, 30 years of age, was brought to the Hospital on Monday, January 27th, 1847, in consequence of injuries received the afternoon before, while blasting rocks in a neighboring town.

The right thumb had been removed by a surgeon who saw him soon after the accident, and the left was amputated near its middle. All the fingers were lacerated to a greater or less extent, and there was a severe compound fracture of the ring finger of the left hand.

The most important injury, however, was about the head and face. The left eye was destroyed, and the right was so filled with gun-powder and other foreign substances, that it was not easy at first to determine what was its precise condition. There was also on the left side a severe contused and lacerated wound, extending from the ear to within an inch of the symphysis of the jaw. The mastoid muscle was torn off just below its origin. The facial artery was divided but did not bleed, and there was no hemorrhage of consequence from any vessel. The jaw was broken in several places, the fractures extending from the angle almost to the symphysis. There were no less than five fractures; the coronoid process was broken off, and the bone denuded in several places. One of the fractures was in a longitudinal direction of great extent, communicating with the dental canal. The fragments of bone, though loose, could not be removed without cutting away some of the soft parts, and they were therefore left.

For the first few days he was comfortable, suffering but little, except from the socket of the left eye, in which a copious suppuration was going on. On the first of February he was attacked with delirium tremens, which continued for a week, and then passed off, leaving him as well as before it came on. During this time the wound was so offensive as to render it necessary to keep the patient in a room by himself, and he was carefully watched, as there was reason to think, from the depth and situation of the wound, as well as its character, that hemorrhage would occur when the sloughs separated.

On the 10th of February the wound was perfectly clean, with a healthy granulating surface, six inches long, four wide, and two deep. The fetor

being entirely gone, the patient was removed back to the ward, and directions given to the attendants to make compression if bleeding should occur. This took place on the morning of the 12th, but was controlled at once by pressure, so that a small quantity only of blood was lost. At my visit at 11 o'clock, there was no bleeding, but it recurred at 1 o'clock, P. M., when I was sent for. On my arrival, in an hour after, I found two of my colleagues, Drs. Townsend and S. Parkman, already with the patient. The hemorrhage had been immediately checked by pressure made with a small piece of sponge on the spot from which the blood issued. I proceeded at once to tie the carotid artery. The vessel was not come at so readily as it would have been under ordinary circumstances. The mastoid muscle, being cut off near its origin, had contracted into a round, firm body, and the cellular membrane in the neighborhood was infiltrated with bloody serum, so that the relative position and the appearance of the parts were somewhat altered.

The artery, however, was secured without much difficulty, and firmly tied with a strong ligature. The wound was dressed in the usual simple manner. All pressure was taken off from the part where the blood had issued, and there was no pulsation in any vessel given off by the common carotid of that side. The patient was but little disturbed by the operation, and said that he felt more comfortable than he had done at any time since the accident, owing probably, in part, to the fact, that he was relieved of the apprehension of hemorrhage.

His pulse, immediately after the operation, was 112; it fell the next day to 84, though he complained of headache. Everything seemed going on well till the morning of the 15th, when he said that he had suffered very much in the night from pain in the head; the skin was hot, and the pulse 112, though it became less frequent in the course of the day. Towards evening hemorrhage took place from the spot where the original bleeding occurred; a small quantity only was lost, and it was controlled by pressure. He bled again on the 20th, and also on the 23d. At each time the amount lost was trifling, as an attendant was at hand who made effectual pressure at once on the part. I was not sent for, and did not see him at either of these times. I felt confident, however, that he would bleed again, and therefore gave directions to be called whenever it should occur.

On Friday, the 26th of February, the ligature came off from the artery; the wound from the operation was nearly healed, and there was no pulsation in any vessel on that side of the head. In the evening of the same day the bleeding recurred; pressure was made at once with a piece of sponge, and when I arrived I found an assistant still pressing firmly on the part.

There was no doubt that the blood was arterial, and it was equally certain, from the statements of those who were with the patient, that it came from a large vessel. It flowed principally from the same spot at which it issued at the first bleeding, and its direction showed conclusively that it was furnished by vessels within the cranium. The proper course, I thought, was to remove that part of the jaw that prevented a ready ac-

cess to the bleeding vessel, then secure it by ligature if possible, and if this could not be done, apply the actual cautery. Having made the necessary arrangements to accomplish this, the pressure and sponge were removed, but to my surprise no bleeding followed. I then proceeded to remove the coronoid process, that had been broken off from the body of the bone at the time of the accident, but was still held in its place by the soft parts, and all that portion of the jaw that covered the bleeding vessel. The finger could then be passed upwards and backwards something more than an inch towards the base of the skull. At this point a strong pulsation was felt, and also a piece of bone that had evidently been detached from the jaw at the time of the injury, and driven into its present position. On removing this spiculum of bone, which was an inch long and two lines wide, a jet of blood, equal to that from a divided radial artery, gushed out. I arrested it by applying my finger to the bleeding vessel. I was now satisfied that it could not be taken up at this place. It would be impossible to carry any instrument by which the artery could be got hold of to such a depth through so narrow an opening; and even if this could be done, I did not see how a ligature could be passed around it. The actual cautery, therefore, appeared to be the only thing to be resorted to at that time, and if the bleeding should recur, the jaw might be disarticulated, and attempts could then be made to tie the vessel with a greater prospect of success. An iron, with a ball of half an inch diameter at its end, was heated to a red heat, and I applied it directly to the bleeding artery. The hemorrhage ceased at once. The pulsation, however, could still be felt by pressing on the eschar, and when this was slightly moved by a probe, a little bleeding followed. I therefore applied the heated iron a second time, and the bleeding and pulsation were immediately arrested. A cloth dipped in cold water was applied to the wound, and a piece of oiled silk laid over this. He suffered less from the actual cautery than I had anticipated; he slept a considerable part of the night, and was quite comfortable the next day. He never bled again; his convalescence was rapid; the wound healed well; no slough came off from the part on which the iron was applied; he regained almost entirely the motion of his jaw, and was discharged well on the 22d of April.

There are two or three points in this case that are perhaps worth alluding to.

The first bleeding did not occur till two days after the sloughs had been thrown off from the wound, as far as it could be seen; showing that the artery did not slough at so early a period as the other soft parts. This is a fact of some practical importance, as it teaches that the danger of hemorrhage is not over in cases of contused wounds, when the principal part of the sloughs separates, and that the patient should be carefully watched for some days after.

The recurrence of the bleeding after the ligature of the carotid was probably owing to the spiculum of bone that had been driven into the vessel, and thus prevented it from closing, as it would have been likely to have done under ordinary circumstances.

The actual cautery was entirely successful. The pain produced by

its application was not excessive nor long continued; and even admitting that it had been so, this now ceases to be an objection to its use, as we have it in our power to render patients insensible by the inhalation of the ether. It was speedily done, and no parts were mutilated or injured by it in the slightest degree. It is somewhat doubtful whether a ligature could have been applied under any circumstances to this vessel, so as to stop the bleeding; it certainly could not have been done without removing a large part of the lower jaw of that side; subjecting the patient to a severe and tedious operation, which, under the most favorable circumstances, would have left him in a much worse condition than he now is.

Boston, July 1st, 1847.

RETREAT FOR INVALIDS IN FLORIDA.

[Communicated for the Boston Medical and Surgical Journal.]

To Dr. Augustus Mitchell, Portland, Me.

DEAR SIR,—Your much-esteemed letter of the 16th inst. was received to-day, and while I thank you for your attentions, I must apologize for my own apparent neglect. I received the pamphlet containing the proceedings of the body at which Gen. Dearborn was president, relating to the formation of a botanical garden in Florida, and I intended to answer it as soon as I had settled my purchase of the place which I now hold on Lake Munroe. *I have found a climate superior to any that Cuba or Italy can boast, with a locality having most valuable mineral springs*, some sulphureous, others chalybeate, and one strongly saline, with a uniform temperature of 76° Fahr., while the spot is accessible at all times by steamboat from Charleston, from which it is distant only fifty-two running hours. This place is named Enterprise, which I have bought, with Mr. Robert Polk, from Maj. C. Taylor; and we now have a saw mill cutting lumber to build additional houses for invalids. We have every assurance that the place will be as full as we will permit it to be next winter; and having rented the house to J. C. Hemmings, Esq., who will keep a good table, we will devote ourselves to extending the accommodations. We would much like to form a company, as with a sufficient capital, say some 20 or 30,000 dollars, there is not the least doubt that the place will draw invalids from every part of the States. I propose writing an article on the climate of Florida, giving the rates of the thermometer, &c., and publish it in the American Journal of Medical Sciences, so that this place may become generally known. Its reputation is, however, sufficiently extensive already to fill all the houses we have, or those that would probably be erected for several years yet. But I am myself so rejoiced (to use a proper term) with my success in finding a place adapted to consumptives in our own country, that I am anxious to let it be known extensively. You will not accuse me of interested motives in thus praising Enterprise, when I inform you, that with the exception of the mineral springs, there are localities enough around the Lake, and just as good as ours, for all the companies that may be formed. Indeed, I would rather postpone the

formation of a company until after next winter, as I know that our place will then become better known and more valuable in its advantages. At present we calculate on a profit of 20 per cent. ; and when we build, as we intend, a few more comfortable and convenient houses, we must realize a much greater profit. You may safely give me as authority that no better climate than the one I have just written of exists in the West Indies ; in fact, not as good a one. I had invalids under my care with tubercles *softening* and large caverns in one lung, who would have sunk under the debilitating heat of Cuba. These men drank freely of the sulphur waters, and would eat venison suppers that would startle a Grahamite, and grew fat and strong on the diet. You must pardon my enthusiasm, for I myself sought a spot in Florida as a *dernier resort*, well knowing, from my experience the preceding winter in Cuba, that I would have sunk, had I gone there, expectorating as I did large quantities of tubercular matter, and prostrated by almost constant night sweats. I am *now* stronger and with firmer muscles than I have ever been after a trip to Cuba.

Let me know the feeling of the good people of Boston about the formation of a company, and we can then probably make arrangements which will suddenly build up a winter Saratoga on Lake Munroe. It is not, however, a proper place for a botanical garden, for which you must go far enough south to escape frost and exposure of the plants, at least so I think, but know little of horticulture. I desire you would let me hear from you frequently and soon. And believe me to remain truly

Yours,

Charleston, S. C., May 22d, 1847.

F. WURDEMAN.

REMARKABLE CASE OF DROPSY.

To the Editor of the Boston Medical and Surgical Journal.

DEAR SIR,—I submit to your disposal the following case. With its early history I am not well acquainted, therefore cannot speak decidedly of its origin.

Mrs. D——, aged 45. Has been troubled with dropsical complaint more or less for three years ; for which she has from time to time received medical aid.

Last January Dr. Winslow Lewis was called to see her, and found her suffering extremely from ascites, arising from some disease of the right side of the heart, or obstruction, or sluggishness in the veins.

February 8th.—Patient very feeble ; pulse small and tumultuous. Much difficulty of breathing. Troublesome cough. Abdomen large. It was thought extremely hazardous to perform paracentesis abdominis ; but being the only hope of relief, it was done, and two and a half pails, or thirty quarts of fluid was drawn. During the operation the pulse sank, a spasmodic action of the diaphragm took place, followed by gasping for breath, and a speechless stupor which lasted several hours.

9th.—Patient rested well, but could not lie down. Pulse fuller and

stronger. Some cough. Much recruited. Prescribed gentle cough mixture, tonics and diuretics.

March 31st.—Patient has remained much the same as at the last date. Fluid accumulated gradually. Patient extremely low. It was thought she could not survive the operation. Paracentesis was finally resorted to, and two and a half pails of fluid taken. At this time the patient suffered more than at first.

April 1st.—Patient passed a comfortable night, but did not lie down. Is some better. Prescribed tonics and diuretics. Infusion of juniper berries, and solution of bitartrate of potassa, to be taken on alternate days as common drink. Patient is somewhat recruiting.

27th.—Patient has not been able to lie down for four days and nights, on account of pressure on the thoracic viscera. Performed paracentesis abdominis, and drew three pails of fluid. Patient sank as usual, and suffered violent spasms. Was unable to speak during the afternoon.

28th.—Patient comfortable. Laid down and rested well during the night, which she has not been able to do before. Patient coughs still; raises a viscid mucus. Prescribed cough mixture, and the infusion of juniper, and solution of bitartrate of potassa. The patient continued comfortable some days. Began to think of recovery. Her appetite became good; she was cheerful; could, with difficulty, walk across the floor.

May 15th.—The patient is again full, but not so feeble as usual. Looks cheerful; pulse natural. Performed the operation by introducing a small trocar. The fluid escaped much slower, and gave the thoracic viscera time to accommodate themselves to the space allowed by absence of pressure. No spasm or distressing symptom of any kind followed. Patient conversed in a pleasing manner during the operation.

16th.—Is much better. Rested well during the night. Is cheerful. Expects to visit her mother in two weeks. Continue the same treatment as before.

25th.—Was called to perform paracentesis abdominis. She stated that she had been much better, and was preparing to visit her mother in the country, when, on Friday last, while walking in the street, she became suddenly distressed, and called for a carriage. "She was terribly distressed, and felt as if she was filling up." Drew off three pails of fluid. Drew it very slowly to prevent oppression.

26th.—Is much better. Thinks she shall go to the country soon. R. Tincturæ iodinii comp., \mathfrak{z} ij. Dose fifteen drops three times daily in a little sweetened water.

28th.—Is still better, but fancies she cannot take the medicine. Gave the following. R. Elaterii, gr. j.; spiritus ætheris nitrici, \mathfrak{f} \mathfrak{z} ij.; tincturæ scillæ, oxymellis colchici, \mathfrak{aa} \mathfrak{f} \mathfrak{z} ss.; syrupi, \mathfrak{f} \mathfrak{z} j. Ft. mist. Dose, teaspoonful three times daily in a little water.

June 5th.—Patient fails. Appetite good. Pulse natural. Considerable œdema; cannot rest; a distressing sense of weariness and languor steals over her.

17th.—Have called daily since the last date. Patient very low and stupid. Performed paracentesis, and drew very slowly rather more than three pails of fluid.

20th.—Have called daily. Patient has never recruited since the operation. Very drowsy. Cannot talk. Is conscious, but takes very little notice. Died on the 21st.

M. BEMIS.

Boston, June 29, 1847.

MEDICAL MEETING—ORANGE COUNTY, VT.

[Communicated for the Boston Medical and Surgical Journal.]

THE Medical Society of Orange County held its annual meeting at Chelsea, June 17th, inst. After being called to order by the President, and some preliminary business done by the Society, an address was delivered by Dr. H. H. Niles, of Thetford, in which he faithfully exhibited the objects and advantages of medical associations. This address was followed by one from Dr. W. Carpenter, of Randolph, upon retiring from office as President of the Society. His subject was the improvements in medical science, especially in pathological anatomy. These addresses were characterized by many truthful and valuable sentiments, presenting to the inquiring mind a large and inviting field for medical study and improvement.

The officers of the Society were then elected by ballot, as follows:—President, W. Carpenter. Vice President, H. H. Niles. Secretary and Treasurer, J. R. Morse. After which the meeting was adjourned to meet at 1½ o'clock, P. M.

Met agreeably to adjournment, and Dr. C. B. Chandler being called upon, presented and read a dissertation upon the subject of the autumnal fevers of our climate. It was defined as a continued fever, of a non-contagious character, assuming sometimes a mild and sometimes a severe form; the treatment to be adapted to existing symptoms, or the pathological condition, which required usually a mild antiphlogistic course. The above dissertation being laid before the Society, its sentiments were faithfully examined and closely criticized by different members of the same; the majority, however, concurring in the non-contagious nature of the disease, as well as in most of the other important views of Dr. C.

Some interesting cases were then reported to the Society by different members, the nature and treatment of which called forth a lengthened discussion from members of the association, after which the meeting (which was very fully attended) adjourned, each member seeming to feel more sensibly than ever before the advantages of such associations.

Chelsea, Vt., June 21, 1847.

J. R. MORSE.

**DR. DICK'S ALPHABETICAL NOTICES OF SUBJECTS CONNECTED
WITH THE TREATMENT OF DYSPEPSIA.**

[Continued from page 415.]

CONDIMENTS.—Condiments fulfil two ends. They gratify, during the act of mastication, the gustatory sense, and when justly selected and

used, they undoubtedly facilitate, though unconsciously on our parts, the act of digestion. There can be no doubt that, by divine provision, our gustatory predilections, as regards condiments, are, when simple and unsophisticated, precisely those which are necessary or favorable to perfect chymification. Thus the use of common salt is so universal as to seem the result of a sort of instinct. As chloride of sodium, it serves us as a condiment in the first place; and afterwards, its hydrochloric acid and soda fulfil various important purposes in primary and secondary assimilation.

There are one or two apparent anomalies in the use of condiments and stimulant food at first sight perplexing, but on reflection easily explicable; knowing that our food is partly respiratory, partly formative (if we may suggest that word), and that one of the ends of respiration is to maintain animal temperature, we can account for the predilection, among the inhabitants of northern latitudes, for stimulant food, drink and condiments. But it seems opposed to nature and consistency that the natives of warm latitudes should make large use, as some of them do, of the most pungent spices. Thus both the indigenous and exotic inhabitants of the East and West Indies, and of other southern countries, employ extensively curries, gingers, tomatos, peppers, mustards, cloves, cinnamon, garlic, &c., while we should, *a priori*, expect them to use only a mild vegetable diet; and the fact is, that they have a liking for such food, yet, at the same time, make a simultaneous use of the warm condiments referred to; and herein consists the seeming incongruity. The explanation is as follows:—

In these warm countries, the heat, acting strongly on the skin, renders the peripheric circulation full and active, and, in proportion, lessens that of the central organs. Hence, some degree of languor and debility in these. The digestive organs act feebly, and the secretions of the liver, pancreas, &c., are less profuse than they should be, unless stimulated by piquant aliment. Hence the (as it were) instinctive craving for high-spiced dishes in the inhabitants of tropical countries.

The tendency of stimulant condiments, unless cautiously used, is to aggravate ultimately the evil which they temporarily mitigate, or to induce it, if not already suffered from. This is too obvious to need explanation. They also necessarily tend to produce hyperæmia of the gastro-enteric mucous membrane, and to give rise to hæmorrhoids.

As spicy or warm condiments are appropriate in debilitated states of the digestive organs (that debility not depending, of course, on inflammatory conditions), or as a corrective of insipid aliment, as boiled rice, &c., acidulous condiments, as vinegar, lemon-juice, &c., suit, on the contrary, cases directly the opposite of the above, and are appropriate in erythemic states of the gastro-enteric mucous membrane, and as correctives of diet too rich and too stimulant. By their refrigerating and astringent effects, they reduce the hyperæmia of the mucous membrane, remove the tumid pressure on, and constriction of, the orifices and innumerable glands and follicles caused by that hyperæmia, and thus set secretion free. It is possible, also, that when the normal acids (hydrochloric, lactic, &c.) are

supplied in less than the required quantity, or when the diet is too stimulant or too plentiful to be duly acted on by the natural acids, the ingestion of a foreign acid, such as the acetic, may be seasonable and useful. I have never been able to satisfy myself that acetic acid, in the degree of concentration in which it is used as a condiment, sensibly softens muscular fibre. But this it appears to do rapidly and effectually when brought into contact with muscular fibre, simultaneously with the principle, pepsin.

Congestion of the ventriculo-intestinal mucous membrane.—This is a morbid condition of the very highest importance. We are not, perhaps, in possession of data sufficiently accurate and extensive to enable us to institute a satisfactory comparison as to the relative frequency of the various lesions incidental to the digestive tube, and to determine which, among these lesions, is to be regarded as the most fruitful cause of derangements of assimilation and excrementition; but certainly there is no small presumptive ground for thinking that congestion, active or passive, would scarcely be found second to any.

It would be out of place here to enter far into speculations as to the nature of congestion, or details of its phenomena. The causes of congestion, and what is the exact condition to which that name is or ought to be applied, are still, to no small extent, *questiones sub lite* in pathology. The following seems to be the amount of our present information—viz., that congestion (we now speak of active congestion) consists in, or results from, a dilatation of the capillaries, caused by a recession of the organic nervous influence. This dilatation of the capillaries leads, necessarily, and according to hydrostatic laws, to a retarded flow in the blood, on precisely the same principle that a body of water in a pent channel flows more rapidly than in a wide one. We must notice, however, that the hydrostatic law just adverted to, does not alone fully account for the degree of retardation of the blood which takes place in the capillaries, in inflammatory congestion; for that degree of retardation is greater than the law in question would explain. We must, therefore, suppose that the same organic nervous influence which kept the capillaries in a normal degree of tension, and the withdrawal of which has led to their dilatation, exerted some influence on the blood, as well as on the capillaries which contained that fluid. It is believed, that by means of nervous influence, a mutually repellent action is caused between the internal walls of the capillaries and the blood globules; and hence the facility with which these globules are, in health, impelled along the tract of the vessels. In the congestion of incipient inflammation, this mutually repulsive action between the globules and capillaries, it is supposed, is suspended or greatly lessened; and hence the tendency of the globules to crowd on and to cling to each other, and to adhere to the walls of the capillaries themselves.

Such are the phenomena of active or inflammatory congestion, which, as well as passive congestion, are extremely common conditions of chronic dyspeptics. Inflammatory and passive congestions differ in this respect, that, in the former, the cause, or action of the cause, is identical,

in seat, with the effect produced. In passive congestion, on the contrary, the cause is more or less distant, in seat, from the effect. Thus, a frequent cause of passive congestion in the mucous membrane of the stomach and bowels is disease of the heart, or liver, or lungs, causing a disturbed circulation in these organs, and opposing the free return of the blood from the abdominal vessels.

The modes in which congestion interrupts secretion are various. First, the stagnation of the circulation of the capillaries prevents renewed supplies of the very *pabulum* of secretion—namely, the blood. Secondly, active congestion implies in itself suspension of nervous action in the organic nerves; and passive congestion, from the state of distention of the vessels and *remora* of the circulation, must benumb or debilitate these nerves, as well as cause occlusion of the orifices of glands, follicles, &c. Hence, though the first stage of inflammatory congestion is sometimes characterized by increased secretion, the ultimate tendency of all congestion is to impair secretion.

The treatment of congestions of the gastro-enteric mucous membrane will be referred to under particular heads. Of course, inflammatory congestion requires very different measures from passive. Thus, in inflammatory congestion of the gastric mucous membrane, from too stimulant diet or drink, iced drinks, acid fruit and fluid, saline draughts, &c., are required. In passive congestion of the gastric mucous membrane, from valvular disease of the heart, we must direct attention to the cardiac disease, and do what we can to lighten the circulation through that organ by digitalis, &c.

Conium.—There are many circumstances, historical, physiological, &c., of extreme interest, connected with the subject of this notice. Hemlock was the substance employed by the Athenians in capital punishment, when inflicted on more distinguished criminals. The most celebrated sufferer by it was Socrates, and his case is not without some professional interest. I follow Plato's immortal narrative, which others besides Cicero may truly assert, cannot be read without tears. After swallowing the poisonous preparation, which seems to have been either an infusion, or rather, perhaps, a potion formed from the squeezed-out juice of the plant, Socrates, by the direction of the jailer, who administered the draught, commenced walking up and down, which he continued to do for some time, conversing meanwhile with his disciples and friends. He then became weary, and sat, or rather lay, down. And now coldness and insensibility began to seize his extremities, more especially his lower ones, and gradually crept upward. From time to time the jailer gently pinched his legs, and asked him if he felt him do so. On Socrates replying that he did not, the man informed him that when the numbness reached the heart, death would take place. Socrates now (I think, for I write from memory) covered his face, and remained for some time quiet. He then uncovered himself for an instant, and said to Crito, "Recollect, Crito, we owe a cock to *Æsculapius*: see that you do not forget it." Some suppose that as Socrates was far from being an implicit believer in the religion of his country, and was, indeed, now suffering death under a

charge of atheism, the above command to Crito was given when the hemlock had begun to affect the brain, and that he did not know what he was saying. This opinion I reckon at the least doubtful; for while it is true that Socrates saw far into the absurdities of his country's superstitions, yet it was one of his maxims that a wise man, whatever might be his private views, should conform to the national religion. To resume the narrative: Crito, after assuring him his wish would be obeyed, inquired if he had any other commands. To this, Socrates, according as Plato, with inimitable pathos, describes it (I write the Greek in the English character), *ouden eti apekrinato*, i. e., "replied, nothing further"; "but," as the account proceeds, "after remaining quiet for a short time, was convulsed. The jailer then uncovered him, and he himself [that is, Socrates] fixed his eyes; which when Crito perceived, he closed his eyes and his mouth."—See the "*Phædo*."

In this detail we notice some points slightly at variance with modern accounts of the action of hemlock when taken in a toxic dose; yet, on the whole, I am disposed to prefer Plato's account. Thus, according to it, asphyxia seems not to have supervened at all, or, at least, only immediately before death; though some modern writers assert that asphyxia occurs early. Yet, again, the open mouth and eyes favor the supposition of a death due to interruption of the respiratory process.*

It is a very remarkable fact, and one of great physiological interest and importance, that while goats and sheep browse harmlessly on hemlock, and horses suffer only slightly from the use of it, the cow, the wolf and the dog, are poisoned by a moderate quantity of it. Surely, some very valuable facts connected with digestion, might be elicited from an investigation of the causes of these different effects of hemlock on the stomachs and systems of different animals, some of them of the same genus, and of very nearly related species.

Hemlock is a useful sedative. In gastrodynia it acts well, combined with the trisnitrate of bismuth, with nitrate of silver, and the oxide of zinc. In scirrhus and cancer of the pylorus, it is indicated, since, while it relieves pain, it does not constipate. I have seen it useful also in mesenteric affections of strumous children. In France, they combine it (and, I think, judiciously) with the iodide of iron and with quinine, in cases of scrofula. From one to ten pills, made from about half an ounce of extract of hemlock and one ounce of iodide of iron, are given daily in cases of scirrhus and scrofulous tumors, and in phthisis. In phlegmonous scirrhus, the hemlock is, in France, joined to extract of cinchona.

Giacomini, in his celebrated classification, places conium among lymphatico-glandular hyposthenics, and also, from its reductent action on the contractions of the heart, among cardiaco-vascular hyposthenics.

* That is, death occurring, as in strangulation, from privation of oxygen, and while the nervous system and the circulation are in comparative vigor. When death results from a gradual and simultaneous subsidence of all the vital powers or organs, the lips, and often the eyes also, are closed; and the expression of the countenance tranquil, and even smiling—facts of some importance in medico-legal examinations.

CASE OF EMPYEMA, WITH SUCCESSFUL OPERATION.

By B. H. Colegrove, M.D., of Sardinia, N. Y.

MAY 18.—I was called to visit a little daughter of Ichabod French, in the town of Boston, aged seven years. She had acute pneumonia, two months before, and the physician who had her in charge, informed me that he could not bleed her, or administer efficient antiphlogistic medicines as he wished to do, owing to her own perverseness, and the lack of parental authority. So the case took its own course, in no manner checked or modified by medicine or medical treatment.

She had been expected to die for a number of weeks, but as she still lingered, I was requested to see her. I called on my much esteemed friend, Dr. C. Emmons, *en route*, and he accompanied me. We found the patient emaciated to a skeleton, harassed with a most distressing dyspnoea, with intervals of a short, dry, almost brassy cough. The chin was drawn down to the right clavicle, and her respiration was like the panting of a young rabbit. The right hypochondrium much enlarged, the ribs enclosing it elevated and separated more than on the opposite side. The whole right half of the chest dull on percussion, and auscultation gave no respiratory murmur. No discoloration of the integuments at any point, and no oedema. Respiration apparently performed by the abdominal muscles. Tongue clean, pulse 150 and feeble, articulation difficult, bowels regular, night sweats profuse.

Having a strong conviction that a large quantity of pus was deposited in the right cavity of the chest, with the concurrence of my medical advisers, which was readily obtained, I operated. A point was selected between the fifth and sixth ribs, four inches from their sternal extremities, and by an incision, an inch in extent, through the costal pleura, with the point of a lancet, matter instantly rushed out, and air rushed in and out, at each inspiration and expiration. I caught in a vessel two quarts, and closed the orifice with a large pledget of lint, and several turns of a bandage round the chest, with directions that it be removed once in 24 hours, the patient to be turned with the orifice in the most depending position, and in this way the matter drawn.

The relief was astonishing and instantaneous. The countenance, which before the operation was ghastly and leaden, now assumed an aspect of comfort, the breathing was easy, and we left the little patient in a quiet slumber.

Through the opening made in the chest in this case, I at the time introduced a probe of the ordinary length, say six inches, and the enormous cavity, previously occupied by the matter, received its entire length.

The patient entirely recovered, and now, at the distance of fifteen years, is residing in this town, is married, and the mother of a healthy child.

Within the last five years I have had repeated opportunities of examining the thorax of this patient. The right hypochondrium is very much diminished in size, the antero-posterior diameter greatly shortened, and the general contour of that region much distorted. It gives no resonance

on percussion or auscultation, the heart pulsates to the right of the sterno-spinal diameter, the right arm is smaller and weaker than the left.—*Buffalo Medical Journal.*

PERFORATION OF THE APPENDIX VERMIFORMIS—PERITONITIS—DEATH.

By J. Crawford, M.D., Lecturer on Clinical Medicine and Surgery, McGill College, Montreal.

BRIDGET KEER, a single woman, aged 25, came under my care in November, 1846. The brief history of her case then given was, that she had been an inmate of the Montreal General Hospital (with the exception of a short interval), ever since January of that year, for diarrhoea; and that she had on many occasions passed blood per anum, her dejections being also frequently mixed with puriform or muco-purulent matters, but that in general they were thin and watery. She had labored under her present complaint for four months previous to admission. She was much reduced in flesh and strength, and at several periods she had suffered from hectic fever and profuse perspirations. Her abdomen was generally more or less painful, and she suffered occasionally from colic, or cramp in the right iliac region. During the whole period of her illness, she had not menstruated. She had been treated by a variety of ways,—astringents, iron, sulphate of copper, opium, &c. &c., were tried, with occasional temporary advantage.

In the beginning of November, her complaints were very troublesome, her diarrhoea frequent, the evacuations being attended by griping, and the abdomen generally tender on pressure.

Her weak state confined her to bed, and she was subject to nervous palpitation in the epigastrium and course of the aorta. Her pulse 104, small; tongue clean and moist. She had pain of the spine, in the region of the fourth dorsal vertebra, in the loins, and also under the left mamma. She was ordered a blister to the abdomen, and an astringent mixture. This afforded her temporary relief from the abdominal pain and diarrhoea. She was then ordered decoction of cinchona, and also Griffith's mixture, in succession. Under this treatment she appeared to improve, but occasionally had severe returns of her complaints. By degrees, however, she recovered strength, and generally, throughout the month of December, could sit up a little daily. During January, although she was still subject to severe attacks of diarrhoea (for a day or two at a time), she continued to improve, and became fat; and during the principal part of February, she seemed nearly free from disease. On the 2d March she was reported to have had several dejections mixed with blood, on the preceding night, which were also attended by severe colic pains. A blister was ordered to the abdomen, and sulphate of copper with opium (of each grain 1-4) every four hours. Next day it was stated that she had been vomiting for most part of the night, and that her bowels had been much disturbed, accompanied by severe abdominal pain; she was also very weak and low. At the visit, she appeared to be suffer-

ing much from abdominal pain, and could not bear any pressure on the part. There was great anxiety of countenance; pulse 130, small and hard; skin cold; face pale, with cold perspiration over the forehead.

The symptoms indicated that there was peritonitis, probably arising from perforation of the intestine. Opium, in grain doses every two hours, was ordered, and the cupping glasses to the abdomen. The vomiting continued, and did not appear to be influenced by the remedies; she progressively and rapidly became worse, and died at 3 A. M. on the 4th, about 24 hours from the commencement of the vomiting and indication of peritonitis.

Sectio-cadaveris.—The body *en bon point*. The abdomen distended with gas. The parietes of the abdomen appeared much loaded with fat, which was upwards of an inch in depth; in like manner the omentum was fringed round its loose edge by large masses of fat. The intestines and omentum were in a high state of inflammation, being generally of a bright rose color, and in some parts of a lurid red, as if scalded, particularly in the vicinity of the cæcum. Over several parts there was an effusion of plastic lymph, which agglutinated the contiguous portions of intestine together, wherever they came in contact. The peritoneal lining of the abdomen (particularly in the vicinity of the right ilium) was very red, like the intestines. About half a pint of puriform looking, yellowish fluid was found effused in this region. The cæcum had become extremely attenuated, and in most parts the peculiar structure of the mucous tissue had disappeared, the serous coat alone seemingly remaining. The bowel appeared as thin and diaphanous as silk paper; there was no marks of ulceration or erosion, but rather a general atrophy. On removing this bowel, it was found to be adhering to the iliac muscle, and a large oval opening was torn in it, although care was taken in removing it. The appendix vermiformis was about an inch and a half long, and about three quarters of an inch broad; its coats were likewise thinned: a small ulcer was found towards its upper part, that would admit the passage of a goose quill. The opening appeared filled with a pulpy matter, and the edges were even. The uterus and ovaria partook of the general inflammation, but were in other respects normal.

The cæcum and appendix vermiformis contained a gruel-like fluid, resembling, in some degree, that effused into the peritoneal cavity, but not of the same yellow color. There were not any ulcerations observed in any part of the intestinal canal, although there were in some parts discolorations, which might represent the situations where ulcerations might have formerly existed. The coats of the bowels were generally thin, but not so much attenuated as the cæcum.

Remarks.—The great accumulation of fat in the abdominal parietes, and on the omentum, was remarkable and unexpected in this case, where a tedious and wasting disease had existed so long, and where such atrophy of the intestinal mucous membrane appeared. Similar accumulations of fat have, however, been observed by Dr. Budd and others, where great emaciation prevailed, in cases of prolonged dysentery, in stricture of the pylorus, and in phthisis pulmonalis. No very satisfactory explanation has yet been offered of this pathological condition.—*Brit. Amer. Med. Jour.*

 THE BOSTON MEDICAL AND SURGICAL JOURNAL.

 BOSTON, JULY 7, 1847.

Health of the Season.—With the exception of ship fever, which particularly appertains to newly-arrived emigrants and to old, filthy tenements, in cities, the public health in New England is certainly good. There is no prevailing epidemic, and from the accounts of medical correspondents, far and near, we are justified in saying that there is a gratifying prospect of being free, for the present, from any alarming prevalence of disease. The Spring has been cold, damp and cloudy, yet the people have enjoyed their usual measure of health. Although the bills of mortality appear large, it should be recollected that the population is rapidly increasing in all the cities and large towns in New England, especially in Massachusetts, quite putting at defiance some of the imagined laws of human increase. A corresponding amount of mortality must follow, as a necessary result, upon the principle that nature works by a system of checks and balances, proportioning the number of living beings, in all localities, to the resources of the soil and the atmospheric capacity for furnishing the essential elements of vitality.

Measles, a malady which is always hovering about densely inhabited places, has been quite common, but, after all, not sufficiently spread abroad to excite any manifestation of alarm. Scarlatina—that destructive agent of death, which has had a strong hold at the North for some years—has certainly been less active than usual the present Spring. Cases were noted at different points, but, on the whole, it may safely be said not to have been as common or fatal as in several past seasons.

With the appearance of indigenous fruits, dysenteric affections are beginning to appear. No cautions to the public on this score, however, are ever heeded, and it is as utterly useless, therefore, to attempt influencing the minds of people on the subject of moderation in fruit eating, as to convince females that lacing the chest in stays deforms them, abridges the action of the vital organs, and actually shortens life.

Smallpox still lingers on our borders. But few cases are imported, although the emigrants are generally charged with bringing it with them. There is no period, probably, when it does not exist in some form, in the large commercial cities; but vaccination holds it in check, so that an alarm rarely occurs, except when some individual of prominence in the community suffers from neglect to secure himself from the attack of that dreadful malady. An opinion prevails pretty extensively, that smallpox has settled down into a very mild, manageable disease, of late, which a person may pass through as comfortably, and as safely too, as measles, or a slight tinge of erysipelas. Nothing could be more dangerous, or further from the truth. Smallpox, true to the laws which govern it, under all circumstances is identically the same—always bad enough in its mildest form, and horrible to suffer from, and highly dangerous in its confluent form. Vaccination is the only defence against its devastation in the human family, and there is a degree of indifference and carelessness in regard to this which is absolutely

astonishing. Whole communities are slumbering over a volcano, in respect to their liability to infection from the transit of a dozen pustules of varioloid amongst them. More stringent enactments, to compel parents to have their children vaccinated, are required, than have yet emanated from the legislature—if it is any object to lessen the liability to sickness and death from that insidious source.

Finally, on a review of all the circumstances, taking into the account a cold, cheerless Spring, with a long course of easterly winds, suddenly succeeded by a July temperature, the general sanatory condition of New England is excellent, nor was it ever more satisfactory.

THE following judicious remarks, by a distinguished medical gentleman of this city, commend themselves to the readers of the Journal, as well as to the parties more immediately concerned in the ether controversy.

Discovery of Etherism—The question settled.—The question of the legitimate title to the discovery of an effective use of ether in obviating pain, has lately occupied the press with some discussions of much earnestness and ability. Various persons not before heard of, have presented their *ex post facto* claims to this discovery; but the public attention has settled down upon two individuals, to whom the world is indebted for all its practical benefits, and these are Dr. C. T. Jackson and W. T. G. Morton. Between these two gentlemen, the controversy, though it appears to us very uselessly, is still kept up.

We have been told that when this subject was first agitated before the French Academy, a person present rose and claimed to have himself made the discovery several years before. Whereupon M. Velpeau exclaimed, "Sir, you did not make this discovery! Else why have you suffered thousands of the human race to undergo the tortures of surgery during these years, if it was in your power, by a word, to have relieved them."

In the case of Dr. Jackson, if he did make the discovery in 1842, as asserted, or even later, he stands accountable for the mass of human misery which he has permitted his fellow creatures to undergo, from the time he made his discovery, to the time when Dr. Morton made his. In charity we prefer to believe that up to the latter period, he had no definite notion of the real power of ether in surgery, having seen no case of its application in that science.

Discoverers may properly be divided into two classes, the suggesters and the performers. They may be separate, or identical, but both are useful. The latter class are sometimes indebted to the former, but the former could do nothing without the latter. Several Portuguese navigators suggested that there was undoubtedly a western continent, and Columbus discovered that there really was one. Jonathan Hull, in 1736, made a theoretical steamboat on paper, and seventy years afterwards Robert Fulton made a practical one on the Hudson. The milkers in Gloucestershire discovered that their sore fingers, contracted in milking cows, prevented them from having the smallpox, and suggested this mode of prevention to Dr. Jenner, who at that time knew no more about vaccination, than Dr. Morton did about ether. The power of inhaled ether to diminish suffering and produce stupefaction, was not only suggested but made known in London many years ago; but its useful application to surgery was not made known till the experiments in Boston in 1846.

The public, as well as the respective friends of the parties, have given themselves much trouble about the claims of these two individuals to the greatest medical discovery of the present day. There are two witnesses, however, with whom the decision of this vexed question must ultimately rest, and these are the parties themselves. They have made their joint deposition, in taking out their patent, to the effect that they are joint discoverers in the case. From the stringency of this deposition, of the propriety of which they themselves were good judges, we think no court of justice could relieve either party, in consequence of any after-thoughts. The public, moreover, a tribunal who are very apt to get right in the end, have already had the sagacity to find out, that had there been no Dr. Jackson, Dr. Morton might never have known the properties of ether; and had there been no Dr. Morton, the world would probably have been without the use of ether at the present day. The first made partial experiments, and recommended (but did not make) decisive ones. The last took the risk and labor necessary to demonstrate or disprove the efficacy, and, above all, the safety of the process, which until his time, had been believed to be dangerous to life, on various good authorities, from Dr. Christison to Mr. Peabody. It appears to us that it remains for the two inventors to bear their honors meekly together, however much they may seem to dislike being in each other's company.

J. B.

Ethereal Inhalation.—Readers of this Journal must have in fresh remembrance a highly valuable paper, which appeared a few weeks since, by Buckminster Brown, M.D., of Boston, "On the Pathological and Physiological Effects of Ethereal Inhalation." The same article has been given to the public in a beautifully-printed pamphlet, in a cover, having an appendix, containing an additional case. Not wishing to interfere with the sales, it would hardly be courteous to extract the whole of the new matter, strongly as we are tempted to do so; but there is no law forbidding us to urge upon medical gentlemen to study Dr. Brown's facts and comments. If we are in pursuit of facts illustrating the phenomena of life, health or disease, it behoves us to profit by them when presented in a light so plain and convincing. A great discovery has been made, that must in the sequel completely revolutionize operative surgery, while it throws a multitude of stumbling blocks in the way of certain venerable physiological doctrines, which were supposed to be as firm as the foundations of the everlasting hills.

Dr. Brown is showing himself a man of close investigation, as well as a refined, calm, philosophical writer. He has pursued the true and only method of getting at that class of facts which are important, but which nature has been reluctant to reveal, till she was taken by surprise, after drugging the human system with ethereal influences.

Reported Death by Bad Dentistry.—A report having been extensively circulated that the celebrated manufacturer, N. P. Ames, of Springfield, Mass., lost his life in consequence of swallowing the amalgam used in Paris, for filling some decayed teeth, the dentists in New York have taken up the subject, much to their honor, with a view to ascertaining the facts in the case. A messenger was sent to Springfield, and here follows the report. Considering all the circumstances, the conviction is irresistible

that the unfortunate man was not a victim to the bad practice of any regularly educated dentist. It is due to the editor of the New York Dental Recorder, from whence this intelligence is gathered, to repeat a former opinion, that his Journal is worthy of being ranked among the best in this country. It is unpretending, but always judicious and firm.

Dr. Houston, the medical messenger, says:—"Having ascertained that Mr. Ames had been under the care of Dr. Bemis, of Cabotville, I drove out to that gentleman's elegant cottage, and was fortunate enough to find him at home. The doctor has stood at the head of his profession, in this section of New England, for the last twenty years. He was the medical attendant of the late Mr. Ames for five or six years.

"Dr. Bemis gave me a full and instructive account of the case, of which I made notes, and which would prove interesting only to the medical profession. The immediate object of my inquiry does not require that I should, here, give more than the simple statement of Dr. Bemis, that the incident of the filling of Mr. Ames's teeth, and his alleged swallowing of the material inserted, had never been allowed the least weight in the diagnosis, prognosis or treatment of the case, either by himself or his associate, Dr. Flint. *As to the idea that Mr. Ames had been injured by swallowing an amalgam of quicksilver and silver*, Dr. Bemis remarked, *it was too ridiculous to be entertained for a moment*. Dr. Bemis suggested that in all probability a Parisian quack had inserted an *arsenical* filling in Mr. Ames's teeth, which might have occasioned the distress and annoyance of which he complained. When I mentioned that the public of New York had been told that the amalgam of quicksilver and silver was poisonous, Dr. Bemis exclaimed, 'What! Have you no educated physicians and chemists? How then can any such statements gain credence!'"

Chloride of Soda.—A more convenient article could not have been devised for purifying the atmosphere of low damp rooms, cellars, out-houses, sinks, stable-stalls, &c., than chloride of soda, packed, as it now is, in bottles. The price places it within the reach of all those at all solicitous to breathe an untainted atmosphere. Offensive odors are the indications of something that is injurious to health, and this is the method adopted by dame nature to announce the danger. If the notice is disregarded, those who are warned cannot justify themselves by saying that they did not know to what they were exposed. Decomposition is exceedingly rapid now, in the animal and vegetable world, the disagreeableness of which may be very much obviated, if not wholly neutralized, by a little of this chemical fluid, placed at the proper points about the premises.

Inhalation of Ether in Labor.—A report of six cases, in which this new and astonishing remedy for pain was used, which first appeared in this Journal, is now on sale in a pamphlet, with additions, at the Chronotype office, 15 State street. All who know anything of the progress of medicine are familiar with the reputation of the author, Dr. Channing, Professor of Obstetrics in Harvard University, and we confidently recommend his cases to the attentive perusal of practitioners.

Surgery at Vera Cruz.—A German teamster belonging to one of our trains (says the Eagle) had both of his legs horribly shattered by the acci-

dental discharge of a musket, which had been carelessly loaded. He had been conveyed to the church of San Francisco, which is now occupied by us as a hospital, and after some days it was discovered that it would be necessary to amputate both his legs, so badly had they been shattered. On Friday last one was taken off, but it was found impracticable to proceed with the other immediately, and it was therefore deferred until next day, Saturday. In the meantime, Dr. Barton, a physician and surgeon of great reputation, arrived from the United States, via Havana, bringing with him an apparatus for the administering of the new and wonderful discovery in medicine, called the letheon, and was used by him prior to the operation, in presence of, and assisted by, Drs. Harney, Potter and Laub, with the most triumphant success. The unfortunate man was soon rendered completely insensible to all pain, and, indeed, to everything else, and the limb was removed without the quiver of a muscle.

The above operation was the first in which the letheon has ever been used in this country. Dr. Barton comes out to the army by special appointment of the President, and, we understand, will remain at this post, upon which we congratulate the unfortunate and diseased, as he brings a reputation for great skill and experience, which being added to our already excellent medical department, will make it worthy of great confidence.

Sanatory Retreat in Florida.—His Hon. the Mayor of Roxbury, Gen. Dearborn, will please accept our thanks for his kindness in communicating a letter that appears in the Journal to-day, in regard to the sanatory retreat under the auspices of Dr. Wurdemann. Since reading the latter gentleman's Medical Notes on Cuba, we have felt an interest in his progress, being satisfied that he is a medical inquirer of no common industry.

Medical Miscellany.—Briggs & Co. have produced a beautiful, soft and liquid soap, which puts all treatises on soap-making vastly into the background. Probably the art of preparing an article so indispensable to the progress of civilization, is nowhere carried to greater perfection than in the United States.—Three young men have been sent to Paris, from Hayti, to be educated at the public expense, in medicine.—A decided case of Asiatic cholera occurred at the Navy Yard, Philadelphia, last week, says a paper.—The State Legislature of Connecticut has recognized the claim of Dr. Horace Wells, of Hartford, as the sole discoverer of the (so-called) letheon, and passed him a vote of thanks.—No rain has fallen at Matamoras for seven months. The thermometer ranges about 100 deg. during the day, and 90 deg. during the night.—An English paper records the illness of several persons from eating the leaves of rhubarb in connection with the stalk.—The Medical Committee of New York state that there are now in that city 1,500 persons laboring under febrile infection, mental derangement, &c., all of whom require the city to provide medical treatment.

Report of Deaths in Boston—for the week ending July 3d. 86.—Males, 51—females, 36.—Stillborn, 4. Of consumption, 9—typhus fever, 38—scarlet fever, 1—disease of the bowels, 5—disease of the hip, 1—old age, 2—drowned, 2—infantile, 7—convulsions, 2—gravel, 1—jaundice, 1—marasmus, 2—dropsy, 1—white swelling, 1—worms, 1—accidental, 3—inflammation of the lungs, 3—debility, 1—teething, 1—child-bed, 1—dropsy on the brain, 1—hooping cough, 1.

Under 5 years, 23—between 5 and 20 years, 9—between 20 and 40 years, 34—between 40 and 60 years, 11—over 60 years, 9.

Use of Medicines by Inhalation.—The direct application of medicines to the lining membrane of the air-passages, has never been duly appreciated by the profession. It is a generally received opinion, that it is in this way, malarious vapor affects the human frame, rather than any impression which it may make on the sentient extremities of the nerves of the surface. In fact, the inhalation of the mildest medicines often produces the most decided results. Such, for example, is the vapor of Gum Camphor in spasmodic irritation of the mucous membrane of the bronchiæ, and in slight catarrhal affections. It is also obvious, that the volatile vapor of tobacco, by *smoking*, will produce a much more powerful impression on the system than a much greater amount of the same article will by *chewing*.—*Missouri Medical and Surgical Journal*.

Injury of the Eye. By CHS. W. STEVENS, M.D., St. Louis.—April 15, 1847.—Mr. Newell, a clerk in a drug store, in combining eight ounces of sulphuric acid with two ounces of indigo, imprudently corked the bottle containing the ingredients, and, upon effervescence taking place, the cork was forced out, and the contents received upon the face and into the eyes of the gentleman. Dr. Jackson and myself visited him in about ten minutes after the accident, and, at the suggestion of the Doctor, rubbed the face with calcined magnesia, at the same time, raising the lids, deposited small quantities upon the globe of the eye. The effect of this application was to immediately neutralize the acid, forming the sulphate of magnesia, which is inert. High inflammation immediately supervened, of the conjunctivæ, and of the whole face; applied a mixture of cal. magnesia, with olive oil, and poultices of slippery elm; the inflammation soon began to subside, and we directed an astringent collyrium. He is now (May 10) able to attend to business, suffering, however, a good deal from an inversion of the eye-lashes, *trichiasis*, which I find it necessary to remove from time to time; the lower lachrymal duct is entirely obliterated.—*Id.*

Quinine in Coffee.—A Parisian medical student, M. des Veuves, has been recommending the administration of quinine in an infusion of coffee, as the best means of concealing its bitterness, and as not impairing its medicinal powers. There is a warm discussion as to whether this is a discovery. It appears, however, not to be new, but that the young man has the honor of having directed the attention of the medical faculty in Paris to this useful mode of giving quinine, which had been almost entirely overlooked. It is worthy of trial in this country.—*London Lancet*.

Traumatic Tetanus—Inhalation of Ether.—"A miner received an accident by which his forearm was crushed. The writer found it necessary to amputate the limb below the elbow. Tetanus, in a severe form, followed on the eighth day. Narcotics, sedatives, blisters, purgatives, &c., were made use of without benefit. The inhalation of ether was tried on the third day after the tetanus had shown itself. The spasms immediately ceased; the patient slept for ten minutes; the spasms returned with consciousness, but in a less severe form. With similar effects it was three times applied. Before the apparatus could be got ready a fourth time at the patient's request, a violent spasm came on, followed by another, and he sank."—*Provin. Jour.*